### 510(K) SUMMARY

Company:	ConSeal International, Inc.	· · :					
	90 Kerry Place, Suite 2	JAN - 7 2010					
	Norwood, MA 02062						
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Contact:	Stephen C. Perry, President	•					
	Telephone: 781-278-0010 / Facsimile: 78	1-278-0028					
	Email: sperry@consealint.com						
		i					
Date of Preparation:	January 5, 2010						
Device Name (proprietary):	MendaSil™ TWG Skin and Wound Gel	<b>;</b>					
Common Name:	Moist Wound Filler OR						
Continue rame.	Amorphous Hydrogel Wound Dressing						
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Classic and an Name		:១ខ្មែកខេ478123					
Classification Name:	Dressing, wound and burn, hydrogel w/dru	g and/or biologic					
Classification:	Unclassified (K) SUMMARY						
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Product Code:	FRO N	VG-Q					
	and the						
Legally Marketed Devices for	substantial equivalence comparison:						
MendaSilTM-TWG Skin and We	ound Gel is substantially equivalent to:	right the second second					
• •	Steplica C. Perry, President	District to the second					
SilvaSorb Silver Antimicrobial	Wound Gel. 781-278-0010 / Pacsimile: 78	1 278 0028 K011994					
AcryDerm Silver Antimicrobia	Wound Gel (AcryMed, Inc., OR)	K011994					
	in and Wound Gel (Anacapa Tech., Inc., CA)						
·		NOUZZ1Z					
Description of Device:	Tomary 5, 2010						
	Yound Gal is an amountous wound moistur	no management goldhet belag					
maintain a maint wound anview	Vound Gel is an amorphous wound moistu	-tttttttt					
	nment that is conducive to healing by either						
	Gel contains a silver compound that is a						
penetration by inhibiting the gr	owth of a broad spectrum of microorganisms	which come into contact with					
	in and Wound Gel will be supplied in con-						
with a "flip top" dispenser cl	osure. This bottle will be placed in a chi	ipboard dispenser box with a					
package insert.		<del>-</del> •					
	Same of	• •					
Intended Use of the Device:		* · ·					
MendaSil™-TWG Gel Skin ar	nd Wound Gel is indicated for use under the	ne supervision of a healthcare					
professional for management of	f partial to full thickness wounds from mile	I to moderate exudate such as					
Stage I-IV Pressure Ulcers, Par	tial and Full Thickness Wounds, 1st and 2nd	d Degree Burns, Diabetic Foot					
Ulcers, Venous Stasis Ulcers, a	and Surgical Incision Wounds. The Gel can	also be used for management					
of minor cuts, scrapes/abrasions	s, and irritated skin.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
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te. The Gel contains a silver controlled that is an executive barries							

#### Device Technological Characteristics:

MendaSil<sup>TM</sup>-TWG Skin and Wound Gel exhibits the capacity to absorb moisture and control light wound exudates. The Gel contains a silver compound that acts as an effective barrier to a wide spectrum of bacteria which come into contact with the gel. Hydrogel characteristics are imparted by an inert viscosity enhancing agent as contained in the predicate device (AcryDerm Silver Antimicrobial Wound Gel, Acrymed, Inc., OR aka Silvasorb<sup>TM</sup> Antimicrobial Wound Gel, #K011994, and Silvershield<sup>TM</sup> Antimicrobial Skin and Wound Gel #K062212.) MendaSil<sup>TM</sup>-TWG Skin and Wound Gel represents substantial equivalence to the predicate devices.

#### Manufacturing:

MendaSilTM-TWG Skin and Wound Gel will be manufactured according to product specifications and under the guidelines of Good Manufacturing Practices (GMP). Risk analysis has been performed to identify possible failure mode during manufacturing. Manufacturing controls have been developed and implemented to address the identified risk factors based on the criticality of the failure mode. All established GMPs will assure that the device manufactured meets all the established specifications prior to release and is safe and effective for its intended use.

#### Performance Testing:

USP Preservative Efficacy and Kirby Bauer Zone Inhibition Testing were performed to establish that MendaSil<sup>TM</sup>-TWG Skin and Wound Gel is an effective antimicrobial barrier. The tests were performed using the test organisms in accordance with USP and some additional bacterial strains of Biocompatibility has been assessed according to Part-1 of the ISO Standard (Biological Evaluation of Medical Devices), [Cytotoxicity, Sensitization, Skin Irritation]: The cytotoxicity was between none and slight of the local device (AcryD. In Silver, Antimicrobial Wor 1 Gel.

t ala Silvanorbial Antimicrobial Wound Gel, #K014924, and Silvana.

Substantial Equivalence Discussions; Kn6221/ 1 MendaSilTM-TWG Skin and Works

MendaSilTM\_TWG Skin and Wound Gel is a combination product within the meaning of section 503(g) of the Federal Food, Drug, and Cosmetic Act (Act) and Title 21 of the Code of Federal Regulations (CFR) section 3.2(e)(1) and (2). In accordance with section 503(g)(1) of the Act and 21 CFR section 3.4, MendaSilTM\_TWG Skin and Wound Gel has two modes of action. One action of the product is the device components' action to provide moisture to dermal wounds and inflamed skin. Another mode of action of the product is that of the silver contained in the hydrogel, which acts as a barrier to bacterial penetration by inhibiting the growth of a broad spectrum of microorganisms, which come into contact, with the hydrogel. This latter barrier action of silver is limited to within the hydrogel. The primary mode of action of the combination product is attributable to the device components' action to provide moisture to dermal wounds and inflamed skin.

The indications of juse, technological properties performance testing described above; for the MendaSil<sup>TM</sup>-TWG Skin and Wound Gel are substantially equivalent to those of predicate device AcyrDerm<sup>TM</sup> Silver Antimicrobial Wound Gel, Acrymed, Ind., OR aka Silvasorb Antimicrobial Wound Gel, #K011994 and Silvershield Antimicrobial Skin and Wound Gel, #K062212. The performance testing exceeds the requirements as set forth by USP as well exceeds those demonstrated by the predicate devices. The biocompatibility testing and the performance testing performed for the device also demonstrated that the device is safe and effective for the indications of use.

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	d Cosmetic Act (Act)			Regulations (CFR)
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Food and Drug Administration 10903 New Hampshire Avenue Document Control Room W-066-0609 Silver Spring, MD 20993-0002

Conseal International, Inc. % Mr. Stephen C. Perry President & CEO 90 Kerry Place, Suite 2 Norwood, Massachusetts 02062

JAN - 7 2010

Re: K090345

Trade/Device Name: MendaSil<sup>™</sup> TWG Skin and Wound Gel

Regulatory Class: Unclassified

Product Code: FRO Dated: December 9, 2009 Received: December 28, 2009

Dear Mr. Perry:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

#### Page 2 - Mr. Stephen C. Perry

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <a href="http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm">http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm</a> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <a href="http://www.fda.gov/cdrh/mdr/">http://www.fda.gov/cdrh/mdr/</a> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <a href="http://www.fda.gov/cdrh/industry/support/index.html">http://www.fda.gov/cdrh/industry/support/index.html</a>.

Sincerely yours,

Mark N. Melkerson

Director

Division of Surgical, Orthopedic and Restorative Devices Office of Device Evaluation Center for Devices and

Radiological Health

Enclosure

# **Indications for Use Form**

## Indications for Use

510(k) Number (if k	nown): <u>K090345</u>	1/3	a sayan and sayana		
Device Name: Meno	laSil™ TWG Skir	and Wound (	<u>}el</u>	Andread . The state of the stat	
Indications for Use:				e e gra	
MendaSil™-TWG Gel professional for mana Stage I-IV Pressure Ul Ulcers, Venous Stasis minor cuts, scrapes/al	gement of partial to cers, Partial and Fu Ulcers and Surgical	o full thickness Ill Thickness Wo Incision Wound	wounds from mounds, 1st and i	nild to moderate ( 2nd Degree Burn	exudate such as s, Diabetic Foot
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	owa): <u>ko963/8</u>			A	.9
Prescription Us (Part 21 CFR 8	e Sil X TW Skin 01 Subpart D)	and Wound C AND/OR	Over- (21 CF	The-Counter Us R 801 Subpart	c)
C	Division Sign-Off Division of Surgical and Restorative Design Sign-Off Division of Surgical and Restorative Design Sign-Off Division of Surgical and Restorative Design Sign-Off	NEEDEL It thickness Wound RH, Office of	wounds from munds, 1st and lis. The Gelican Device Evalua	to moderate Ind Degree Burn also be used for Ition (ODE)	: xxadauş s; s, Diabetic Foot
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